



Last Updated: 03/09/2022

Request to Calculate and Report the Estimated Glomerular Filtration Rate (eGFR) Value for Medicaid Recipients

The purpose of this memorandum is twofold. First, it is intended to inform you that the 2006 General Assembly directed DMAS to request that all clinical laboratories calculate and report estimated Glomerular Filtration Rate (eGFR) values when performing serum creatinine tests on Medicaid recipients who are at least 18 years old. This request is effective as of July 1, 2006. Second, the memorandum is intended to notify you that the General Assembly directed DMAS to report on the extent to which clinical laboratory providers are complying with this request by January 1, 2007. Because eGFR values are not reflected in the laboratory claims data, DMAS will survey laboratory providers during the fall 2006 to collect information for its report to the General Assembly regarding compliance with this request.

CALCULATING AND REPORTING ESTIMATED GLOMERULAR FILTRATION RATE (eGFR) VALUES

Because chronic kidney disease (CKD) has become a major public health problem in the United States, the National Institutes of Health (NIH) has recommended that health care providers use eGFR values to monitor patients with CKD and to screen patients who are at risk of developing the disease. The eGFR is a measure of how well a patient's kidneys are filtering wastes from the blood. It is a more accurate measure of a patient's kidney functions than the traditional serum creatinine test. Because muscle mass and other person-specific factors (such as tubular secretion, generation, and extra-renal excretion of creatinine) can alter creatinine levels, a normal reading on the serum creatinine test can be misleading.

The NIH recommends that clinical laboratories use the Modification of Diet in Renal Disease (MDRD) Study equation to calculate eGFR values. According to the NIH, the MDRD equation



is “the most thoroughly validated equation” currently in use for calculating eGFR values. It was developed based on GFR values measured by iodothalamate clearance in a sample of 1,628 adults and validated in a sample of 1,775 African American adults. The MDRD equation accounts for a patient’s serum creatinine level, age, race, and gender. The equation is evaluated as follows:

$$\text{GFR} = 186 \times (\text{sCr})^{-1.154} \times \text{Age}^{-0.203} \times (1.210 \text{ if African American}) \times (0.742 \text{ if female}),$$

where sCr is the patient’s serum creatinine level.

Clinical laboratories should report patients’ eGFR values along with their serum creatinine test results to the appropriate health care providers once the analyses are completed.

It should be noted that the NIH recommends that labs report eGFR values for both African Americans and non-African Americans because the MDRD Study equation has not been validated in racial and ethnic subgroups other than Caucasians and African Americans. (The difference between the two estimates is usually about 20 percent). The health care providers must determine which of the two values is most appropriate for their patients. Despite this limitation, the NIH strongly recommends that clinical laboratories use the MDRD equation to estimate eGFR values when performing serum creatinine tests.

To comply with the General Assembly’s request, DMAS is recommending that all clinical laboratories program their laboratory information systems to automatically calculate eGFR values using the MDRD Study equation when performing serum creatinine tests on Medicaid recipients. The General Assembly is not requesting that clinical laboratories calculate and report eGFR values on Medicaid recipients who are under the age of 18 because the MDRD Study equation has not been validated in children. Information on calculating eGFR values (as well as a free eGFR calculator) is available on the NIH



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website at: www.nkdep.nih.gov.

General information on chronic kidney disease can be obtained by calling the National Kidney Foundation of the Virginias at 1-804-288-8342 or by visiting the organization's website at www.kidneyva.org. Additional information on kidney disease can also be obtained by calling the national Kidney and Urologic Disease Information Clearinghouse at 1-800-891-5390 or by visiting the National Kidney Disease Education Program's website at: www.nkdep.nih.gov/professionals/chronic_kidney_disease.htm.

CLINICAL LABORATORIES COMPLIANCE WITH THIS REQUEST

As mentioned previously, the 2006 General Assembly directed DMAS to report on the extent to which clinical laboratory providers are complying with this request by January 1, 2007. As a result, DMAS will send you a packet containing a self-administered mail survey questionnaire and a postage paid return envelope in the fall 2006. The survey will only take a few minutes to complete and will ask you questions about your organization's compliance with this request.

Once you have completed the questionnaire, please return it in the postage paid return envelope.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are



available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance

1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP



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DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.